

**TLA ARRIVAL/ALTERNATE TEMPORARY LODGING CLAIM MEMBER INFORMATION**

**MEMBER INFORMATION**

Name:	SSN:	Rank/Paygrade:
Command:	UIC:	Date Reported:
Phone Number:	Accompanied / Unaccompanied (circle)	
Marital Status (Circle): Single Married Military-Military Couple Single w/Dependents		
Dependent Names/Ages of Children		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TLA / TLF INFORMATION**

Hotel Name:	Kitchen Facilities: Yes / No
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**MEMBER CERTIFICATION**

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: _____	Signature/Rank/Date
* Certificate of Non-Availability from Navy Lodge is required for alternate Lodging	

**HOUSING OFFICE**

TLA is / is not recommended from _____ through _____			
Total Number of days in TLA at end of this TLA period: _____			
Expected Date of Occupancy: _____		Contract Appointment Date: _____	
Remarks: _____			
_____			
_____			
Housing tours were conducted this period on the following dates with each tour consisting of viewing at least five residences:			
_____			
_____			
Housing Representative (Print Name)	Signature	Date	Phone Extension

**MEMBER'S DEPARTMENT HEAD**

_____	_____	_____	_____
Department Head Signature (over 30 days)	Rank / Name	Date	Phone Extension

**COMMAND ENDORSEMENT**

_____	_____	_____	_____
Command TLA Coordinator Signature (over 30 days)	Rank / Name	Date	Phone Extension
_____	_____	_____	_____
Commanding Officer Signature (45 - 60 day endorsement)	Rank / Name	Date	Phone Extension